asetypeaplussign(+)in	sidethisbox

 \rightarrow \blacksquare

PTO/SB/01(12-97)
Approvedforusethrough9/30/00.0MB0651-0032
PatentandTrademarkOffice;U.S.DEPARTMENTOFCOMMERCE
UnderthePaperworkReductionActof 1995, nopersonsarerequiredtorespondtoacollectionofinformationunlessitcontains
avalidOMBcontrolnumber.

DECLARATIONFORUTILITYOR DESIGN			AttorneyDocketNum	ber 3602/96		
			FirstNamedInventor	William J. Vojtasek		
PATENTAPPLICATION (37CFR1.63)		COMPLETE IF KNOWN				
		ApplicationNumber	09/369,866			
Declaration Submitted withInitial Filing		.	FilingDate	August 9, 1999		
	OR	Declaration SubmittedafterInitial	GroupArtUnit	3734		
		Filing(surcharge (37CFR1.16(e)) required)	ExaminerName	Not assigned		

Asabelownamedinventor, Iherebydeclarethat:									
Myresidence,postofficeado	Myresidence.postofficeaddress.andcitizenshipareasstatedbelownexttomyname.								
,									
namesarelistedbelow)ofthe							r(ifplural		
HYPODERMIC NEEDLE GUARD									
thespecificationofwhich (Title of the Invention)									
isattachedhereto OR									
wasfiledon(MM/DD	m) 08	3/09/1999	asU	nitedState	esApplicatio	nNumberorPCTIr	nternational		
ApplicationNumber 09/369,866 andwasamendedon(MM/DD/YYYY) (ifapplicable).									
IherebystatethatIhavereviev	vedandunders	tandthecontent	•	•	n,includingt	heclaims,as	 ,		
amendedbyanyamendment									
lacknowledgethedutytodiscl	oseinformation	nwhichismateria	altopatentabilityasdefine	edin37CFI	R1.56.				
I hereby claim foreign priority b	enefits under :	35U.S.C. 119(a	a)-(d) or 365(b) of any for	eign applic	ation(s) for	natent or inven	tor's		
certificate, or 365(a) of any PC	Tinternational	l application whi	ch designated at least or	ne country	other than t	he United States	of		
America, listed below and have also identified below, by checking the box, any foreign application for patentor inventor's certificate, or of any PCT international application having a filling date before that of the application on which priority is claimed.									
PriorForeignApplication			ForeignFilingDate	, ,	Priority	CertifiedCop	yAttached?		
Number(s)	Cou	intry	(MM/DD/YYYY)		Claimed	YES	NO		
					H				
			·		_				
Additionalforeignapplicati						edhereto:			
ApplicationNumber			e(MM/DD/YYYY)	ALIU ILOJI I	ileuberow.				
				7 r	☐ Additi	onalprovisional	application		
						ersarelistedona			
					supplementalprioritydatasheet PTO/SB/02Battachedhereto				
	F10/35/02battacherieto.								

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Informa Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

tion



1	

Please type a plus sign (+) inside this box ->

PTO/SB/01 (12-97)

PTO/SB/01 (12-97)
us sign (+) inside this box
Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

										عت		
I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.												
U.S. Parent Application or PCT Parent Number								iling Date D/YYYY)	Parent Patent Number (if applicable)			
						,						
Additional	U.S. or F	PCT internationa	l applica	tion numbers are	e listed on a	supp	lement	al priority data	sheet P	TO/SB/	02B attached h	ereto.
As a named inv	entor, I h	ereby appoint th	e followi	ing registered pr	actitioner(s)	to pr	osecute	this application	on and to	transa	ct all business	in the Patent
and Trademark	Office co	nnected therew	_	Customer Numl OR	•					• [Place Custo Number Bar	Code
			<u> </u>	Registered prac		ame/	registra	tion number lis	sted belo	<u>w </u>	Label he	
	Nam	e		Registi Num				Nam	ne .			stration mber
Morton Amster				16,677	<u> </u>			Lutzker			29,406	
Michael J. Berg Daniel S. Ebens				25,829 24,932			Ira E. S	ilfin d S. Sorgi			33,785 33,211	
Kenneth P. Geo				30,259			Neil M.				27,476	
Philip H. Gottfri				25,871				Rosenberg			21,088	
Abraham Kasda Anthony F. Lo C				32,997 29 403		l	marion	P.Metelski			38,557	
		d practitioner(s)	named o	n supplemental	Registered	Pract	itioner I	nformation sh	eet PTO	SB/020	attached here	eto.
Direct all corr	esponde			ner Number Code Label				OR	∠ Co	orrespo	ondence add	ress below
Name	Mario	n P. Metel	ski, E	sq.								
Address	Amst	er, Rothste	ein &	Ebenstein								
Address	90 Pa	rk Avenue	<u> </u>	· · · · · · · · · · · · · · · · · · ·	, "							
City	New	York								ZIP 10016		
Country	USA			Telephon	e (212)	697	7-599	5	Fax	Fax (212) 286-0854		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.												
Name of Sole or First Inventor:												
Given Name (first and middle [if any])						Family Name or Surname						
William J.						Vojtasek						
Inventor's Signature William J. Volt					olto	tasche Date 9-20-79						
Residence: City Wyomissing			V State	βA	C	ountry	USA			Citizenship	USA	
Post Office A	Post Office Address 52 Southampton Dr.											
Post Office Address												
City V	Vyomi	omissing _{State} PA _{ZI}			ZIP	ZIP 19610 Country USA				USA		
Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto												